

SOLID WASTE FACILITIES PERMIT APPLICATION

CWSMB 1-77 (Rev. 1/83)

ENFORCEMENT AGENCY

Mono County Health Department

COUNTY
Mono County

TYPE OF APPLICATION

- ☐ 1 NEW SOLID WASTE FACILITY PERMIT
 ☐ 2 REVISION OF PERMIT
 ☒ 3 PERMIT REVIEW
- ☐ 4 MODIFICATION OF PERMIT
 ☐ 5 EXEMPTION FROM PERMIT
 ☐ 6 FACILITY CLOSURE
- ☐ 7 AMENDMENT OF APPLICATION

FOR ENFORCEMENT AGENCY USE ONLY

DATE RECEIVED

FILING FEE

DATE ACCEPTED

RECEIPT NUMBER

DATE REJECTED

CD SWMP REFERENCE PAGE(S)

NOTE: This form has been developed for multiple uses. It is the transmittal sheet for documents required to be submitted to the enforcement agency. Instructions on back for completing this application.

NAME OF FACILITY

Chalfant Landfill 26-AA-0005

LOCATION OF FACILITY (GIVE ADDRESS OR LOCATION. ALSO INCLUDE LEGAL DESCRIPTION BY SECTION, TOWNSHIP, RANGE, BASE AND MERIDIAN IF SURVEYED OR PROJECTED.)

NW 1/4, SW 1/4, NE 1/4, Sec 9, T.5S., R33E1, MDB&M

GENERAL
DESCRIPTION
OF
FACILITY

TYPE OF FACILITY

- ☒ LANDFILL
 ☐ TRANSFER STATION
 ☐ RESOURCE RECOVERY FACILITY
- ☐ SUMP
 ☐ COMPOSTING
 ☐ LAND SPREADING

TYPE OF WASTES TO BE RECEIVED

- ☐ AGRICULTURAL
 ☒ CONSTRUCTION/DEMOLITION
 ☐ LIQUIDS (INCLUDES SEPTAGE)
- ☐ ASBESTOS
 ☐ DEAD ANIMALS
 ☒ MIXED MUNICIPAL
- ☐ ASH
 ☐ INDUSTRIAL
 ☐ SEWAGE SLUDGE
- ☐ AUTO SHREDDER
 ☐ INFECTIOUS
 ☐ TIRES
- ☐ WOOD MILL

II.

FACILITY
INFORMATION

OPERATION

- ☒ COMMENCED
 ☐ WILL COMMENCE

EFFECTIVE DATE

PROPOSED CHANGE (CHECK APPLICABLE BOXES)

- ☐ DESIGN
 ☐ OPERATION
 ☒ NO CHANGE

EFFECTIVE DATE

AVERAGE ANNUAL LOADING (TPY) 165 T/Yr. PEAK DAILY LOADING (TPD) 0.45 T/DAY FACILITY SIZE (A) 10 Ac EXPECTED CLOSURE YEAR 2030

III.

OPERATOR
INFORMATION

For land disposal, if operator is different from land owner, attach lease or franchise agreement.

OWNER OF LAND (NAME)

Bureau of Land Management

ADDRESS

Bishop, CA

TELEPHONE NUMBER

619) 872-4881

FACILITY OPERATOR (NAME)

Mono County Public Works

ADDRESS

P.O. Box 457, Bridgeport, CA 93517

TELEPHONE NUMBER

619) 932-7911

ADDRESS WHERE LEGAL NOTICE MAY BE SERVED

P.O. Box 457, Bridgeport, CA 93517

I hereby acknowledge that I have read this application and the Report of Station or Disposal Site Information, and certify that the information given is true, accurate to the best of my knowledge and belief. In operating the solid waste facility, I agree to comply with the conditions of the permit and with federal, state and local enactments.

SIGNATURE (OWNER OR AGENT)

SIGNATURE (FACILITY OPERATOR OR AGENT)

TITLE (NAME)

TITLE (NAME)

James M. Ward

DATE

DATE

Public Works Director

DATE

3-27-90

IV. LIST OF ATTACHMENTS (CHECK THOSE APPLICABLE)

- ☒ REPORT OF FACILITY INFORMATION (REQUIRED)
 ☐ ENVIRONMENTAL REVIEW REPORTS
 ☒ CLOSURE PLAN
- ☒ PERIODIC SITE REVIEW
 ☒ WASTE DISCHARGE REQUIREMENTS
 ☐ OTHER REGULATORY AGENCY PERMITS
- ☐ LOCAL USE/PLANNING PERMITS (REQUIRED)
 ☐ SWAT
 ☐ OTHER

Self Monitoring Program:


The following items shall be monitored by the operator of this facility or his agent. Records including but not limited to these items shall be kept and made available to the enforcement agency upon request:

As required by the California Regional Water Quality Control Board--
Lahontan Region, Board Order No. 6-72-60 Monitoring Program

This permit is granted solely to the operator named above, and is not transferable. Upon a change of operator, this permit is subject to revocation. Upon a significant change in design or operation from that described in this permit or in attachments thereto for the existing design and operation of a facility operating immediately prior to August 15, 1977, or from the approved intended design and operation of a facility which was not operating prior to August 15, 1977, or which herein is granted a permit modification, this permit is subject to revocation, suspension, modification or other appropriate action.

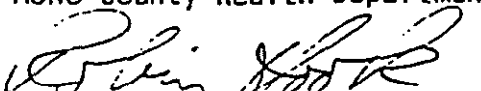
This permit does not authorize the operation of any facility contrary to the State Minimum Standards for Solid Waste Handling and Disposal. This permit cannot be considered as permission to violate existing laws, ordinances, regulations, or statutes of other government agencies.

Approved by: Mono County Department of Public Works


Richard L. Pool
Director of Public Works

6/14/78
Date

Approved by: Mono County Health Department


Robin Hook
Sanitarian

6/14/78
Date